EXECUTIVE LO	BBYTNG EXPEN FORM 507		ecutive Lobb	yist Registration No.	
COVERING JANUA	RY 1 - JUNE 30	- DUE AUGUST 15	–		FOR OFFICE USE ONLY
X COVERING JANUA	RY I • DECEMBER 31,	ARY 15		Permark Pater 1 3009	
Mail to: the Board of Ethics, OR	2415 Quail Dr., 3rd Flo:	or, Baton Reuge, LA	70808		(TKS -9/16/10)
Fax to; (225)763-8787 in (2	25)763-6780			ļ	3072412
1. Name Barry Gery Last	۷ ا	Sirst	M		
	H 5			Ĺ	
2. Business Address: Y	Street and No.	Cay	.06155	Zip	
Mailing Address <u>R</u>	9t 151 Familiogton	Avenue, Hartford			
3. Basiness Phone	805) 273-2884				
	Area Gude and Telep	dione Namber			
4. Total of all executive l (Include expenditures)	obbying expressitutes cos from Schedules A and B)	de January 1 through	Surse 50: \$_171.	.32	
 Total of all emerative l (When Applicable) (I 	obbying expenditures ma natude expenditures from S	ide July I through De ichedules A aod B)	pember 31: S <u>-</u> 3-		
6 Total of all executive I (Line 4 added to Line 5	obinying expenditures tua should equal Line 6)	ade during culondar y	ear. \$ <u>171.</u>	.32	.
7. Djil you make an expe	nditure exceeding \$50 cr	n one occasion for an	executive branch off	इ.स.	
From January 1 thro From July 1 through		Yes D	No 🔀 No 🔯	NA 🗆	. •
If the answer to withe	r quesdon în Number 7 :	ώχινε is YES, complet	e Schedide A and au	ach.	
8. Diel yna make expensi	itures exceeding the sum	of \$250 for an execu-	eve branch official:		
From January 1 through 6		Yes 🗔 Yes 🗍	No X	na 🗆	
	question in Number 8 a	bove is YES, complete	Schedule A and au	ach.	
 Did you expend funds officials were invited. 	for any reception, social during this reporting per		eaction to which mo	ire (hao twenty	five executive branch
	Yes 🗆	i N:	, 12 9		
if the answer to Num	ber 9 above is YES, comp	lete Schedale Bland 3	erach.		
Farm 507, Rdv. 7/0	4	Page 1 of	3		

Form, 507, Roy, 7/04

EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expanditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expends turcs extributable to the department made during the july <math>1. December 31 reporting period when applicables (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

1)	Name of Department: Louisiene Department of Health & Hospitals				
	b. Total of all expenditures made January 1 through June 30:	5_171_32			
	c. Total of all expenditures made July 1 (hrough December 31: (When applicable)	so_			
	d. Total of all expenditures made during the calendar year	\$_171.32 · · · · · · · · · · · · · · · · · · ·			
2)	a. Name of Department:				
	b. Total of all expenditures made January I through June 30:	<u> </u>			
	c. Total of all expenditures made July 1 through December 31: (When applicable)	S			
	d. Total of all expenditures made during the calendar year:	\$			
3)	s. Name of Department				
). Total of all expenditures made January 1 through June 30°	5			
	c. Total of all expenditures made July 1 through December 31: (When applicable)	S			
	d. Total of all expenditures made during the calendar year:	S			
schedu the agg	The state of the s	ency made during the Jamuary 1 - June 30 reporting period; (c) ring the July 1 - December 31 reporting period when rear attributable to the agency. Department of Health & Hospitals			
	b. Total of all expenditures made (so vary 1 through) one 30°	8,171,32			
	e. Total of all expensioners made July 1 through December 31: (When applicable)	<u>\$0-</u>			
	d. Total of all expenditures made during the calendar year:	\$ 1 <u>71.32</u>			

2)	E. Name of Decardment 450 Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	\$_
	 Total of all expenditures made fully 1 through December 31: (When applicable) 	5
	d. Total of all expenditures made during the calendar years	\$
3)	a. Name of Department and Individual Agency:	
	b. Total of all expensionates made January 1 through (une 30:	\$
	c. Total of all expenditures made July 1 through December SI: (When applicable)	S
	d. Total of all expenditures made during the calendar year:	\$. ···

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49, 1 et seq. has been deliberately omitted.

Signature of Lobbyist